

STANDARD CERTIFICATE OF DEATH

State File No. **42533**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10476**

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY 2169	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital		d. STREET ADDRESS (If rural, give location) 3125 Maury St.	

3. NAME OF DECEASED (Type or Print) a. (First) Theresa B. b. (Middle) Lolordo c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) Dec. 6, 1950	
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, Married WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Feb. 14, 1900
9. AGE (In years last birthday) 50		10. UNDER 1 YEAR Months Days	11. UNDER 18 Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Finisher		10b. KIND OF BUSINESS OR INDUSTRY Clothing	
11. BIRTHPLACE (State or foreign country) Siciliano It. 5		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME John Balsano	13b. MOTHER'S MAIDEN NAME Assunda Coastello	14. NAME OF HUSBAND OR WIFE Giovanni Lorordo
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY 489-05-7893	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Grace Mary Lordo 3125 Maury

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Primary Ca of Liver		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs (?)
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cholelithiasis		

19a. DATE OF OPERATION 12/5	19b. MAJOR FINDINGS OF OPERATION Adenocarc. of Liver (St. John's Hosp), 12/5/50	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 156A

22. I hereby certify that I attended the deceased from **11/3**, 19**50**, to **12/6**, 19**50**, that I last saw the deceased alive on **12/5**, 19**50**, and that death occurred at **6:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Pha Kadam	23b. ADDRESS 503-5 Humboldt Bldg	23c. DATE SIGNED 12/8/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 11, 50	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		

DATE REC'D BY LOCAL REG. DEC 8 1950	REGISTRAR'S SIGNATURE J. B. Lasker	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS P. Miceli 1150 N. Kingshighway
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Anthony J. Miceli

Signed

Student Embalmer

Licensed Embalmer No. 4277

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.